



PROGRAMME ORGANISATION CELL

Form No.

F/TR/03

Rev. No

02

PROGRAMME PARTICIPANT'S REGISTRATION FORM

(To be filled in by the participant in **CAPITAL** letters)

NAME OF THE PROGRAMME:-----

DURATION OF THE PROGRAMME:-----

PROGRAMME CODE:-----

COORDINATOR OF THE PROGRAMME:-----

NAME OF THE PARTICIPANT(IN ENGLISH):-----

NAME OF THE PARTICIPANT(IN HINDI) :-----

FATHER'S / HUSBAND'S NAME: -----

NAME OF YOUR ORGANISATION (IN ENGLISH):-----

NAME OF YOUR ORGANISATION (IN HINDI):-----

STATE: -----

DESIGNATION: -----

AREA OF SPECIALISATION: -----

TYPE OF THE INSTITUTION: (POLYTECHNIC/ENGG. COLLEGE / INDUSTRY /
FIELD AGENCIES - GOVT. / GOVT. AIDED / PVT. / OTHERS)

IF FROM GOVT./GOVT. AIDED INSTITUTE,
WHETHER THE PARTICIPANTS FROM SELF FINANCED PROGRAMME: YES / NO

QUALIFICATIONS (GRADUATION&ABOVE):-----

EXPERIENCE IN YEARS: TEACHING-----OTHER-----

RESIDENTIAL ADDRESS: -----

-----CITY-----PIN-----

SEX: MALE () FEMALE () CATEGORY: GENERAL () OBC () SC () ST () PH ()

PHONE NO. (Office)------(Residence)-----

FAX NO.-----E-MAIL:-----

MOBILE: -----

REMARKS (If any, by NITTTR Official)-----

SIGNATURE OF THE PARTICIPANT